

Methods: The presence of HGV-RNA was determined in sera of 100 HIV-positive patients with mean age of 36.6 ± 9.6 years by reverse transcriptase-nested polymerase chain reaction. All of cases were also screened for Hepatitis B surface antigen (HBsAg), Hepatitis B surface antibody (anti-HBs), hepatitis C antibody (anti-HCV), HIV viral load and CD4 cell counts

Results: Prevalence of HGV-RNA was 11% in our subjects. The most common rout of HIV acquisition was injection drug use (52%) followed by transmission from infected husband (25%) and IDU and heterosexual contact (6%). The mean CD4 counts of HGV-positive patients were 283.64 ± 108 cells/mm³ and HGV-negative patients were 356.74 ± 186.67 cells/mm³ (not significant). The mean log₁₀ HIV viral load was 2.49 ± 1.94 vs. 1.91 ± 2.04 in HGV-positive and negative patients respectively (not significant). The mean AST levels in the HGV positive and negative patients were 37.8 ± 15.7 IU/l vs. 37.5 ± 31.1 IU/l and for ALT, 33.9 ± 20.4 IU/l vs. 36.5 ± 30.7 IU/l, respectively. There was not any significant difference between ALT and AST levels in HGV positive and negative groups. HGV Co-infection with HCV and HBV presented in 7% and 1% of cases respectively. No significant correlation was observed between Co-infection with HBV and HCV in HGV positive and negative subjects. There was no significant difference between the HGV-positive and negative patients regarding to age, sex, route of transmission and taking antiretroviral treatment.

Conclusion: HGV infection was relatively common in our HIV-infected patients and it was frequently observed in patients with older age, lower CD4 cell counts and higher viral load.

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Frequency of Mycobacterium tuberculosis Infection Among HIV/AIDS Patients in Tehran, Iran

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Keywords: HIV infected patients; Mycobacterium tuberculosis infection; PPD skin test

Objective: This study was done to determine the frequency of tuberculosis infection among patients with HIV/AIDS using PPD skin test as a diagnostic parameter for TB infection.

Methods: A total of 262 HIV/AIDS patients attending the outpatient clinic at the University Hospital Imam-Khomeini (Tehran, Iran) in 2003 were enrolled in this study. By reviewing the patient files, clinical information was recorded

itive PPD skin test. Of the patients with tuberculosis, 22 (8.4%) had pulmonary tuberculosis, and 2 (1.1%) extra-pulmonary tuberculosis, 12.6% had history of long term residency in a foreign country, 51.6% have exposed to an index case, and 33.3% had clinical manifestations while only 14.2% had history of pulmonary tuberculosis. In the present study there were no resistant strains of *M. tuberculosis*.

Conclusion: We found that more than 24% of patients with HIV/AIDS were infected with *M. tuberculosis* in Tehran. It becomes evident the need to improve the preventive measures and prompt treatment of this type of infection in the HIV infected individuals.

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Protean Manifestations of Herpes (HSV) Infection in AIDS Cases

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Objectives: HSV accelerates and facilitates HIV replication and thereby HIV disease progression. Atypical presentations of herpes in HIV positive cases help in suspecting/diagnosing HIV. 32 cases presenting with muco-cutaneous herpes were studied to observe clinical manifestations of herpes in immuno-compromised state due to HIV.

Methods: 32 cases were studied in the Department of Skin & VD, Medical College, Baroda. On the basis of history and clinical features muco-cutaneous herpes was suspected in HIV positive cases which were retrospectively diagnosed on the basis of responsiveness to Acyclovir therapy. All the cases were given Acyclovir and response to treatment was noted on follow up.

Results: Out of 32 cases there were 23 male and 9 female cases. Atypical features observed were nasal bleeding, tongue ulcer, cervical herpes, giant ulcer over sacral region, giant ulcer over vulva, herpes esophagitis and herpetic whitlow. In one patient Kaposi's Vericiliform eruption was observed. All the cases responded to Acyclovir therapy, none of them were on Antiretroviral Therapy (ART).

Conclusions: Diagnosis of herpes requires high index of suspicion particularly in atypical presentation and sub-clinical reactivation. Prompt diagnosis of atypical herpes screening of females for cryptic herpes and early institution of Acyclovir will be of immense benefit to the patients particularly not on ART.

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